

Label

(See page 18.)

L A B E L H E R E	Your first name and initial	Last name	OMB No. 1545-0074
	If a joint return, spouse's first name and initial	Last name	Your social security number
	Home address (number and street). If you have a P.O. box, see page 18.		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.		

Spouse's social security number

You must enter
your SSN(s) above.**Use the
IRS label.**Otherwise,
please print
or type.**Presidential****Election Campaign**

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18)

► You Spouse**Filing
status**Check only
one box.

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ►

4 Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ►

5 Qualifying widow(er) with dependent child (see page 19)

Exemptions6a **Youself.** If someone can claim you as a dependent, **do not** check box 6a.b **Spouse**c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 21)
				<input type="checkbox"/>

Boxes checked on
6a and 6bNo. of children
on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 22)

Dependents on 6c not entered above

Add numbers on lines above ►

d Total number of exemptions claimed.

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7

8a **Taxable** interest. Attach Schedule 1 if required. 8ab **Tax-exempt** interest. **Do not** include on line 8a. 8b

9a Ordinary dividends. Attach Schedule 1 if required. 9a

b Qualified dividends (see page 25). 9b

10 Capital gain distributions (see page 25). 10

11a IRA distributions. 11a 11b Taxable amount (see page 25). 11b

12a Pensions and annuities. 12a 12b Taxable amount (see page 26). 12b

13 Unemployment compensation and Alaska Permanent Fund dividends. 13

14a Social security benefits. 14a 14b Taxable amount (see page 28). 14b

15 Add lines 7 through 14b (far right column). This is your **total income**. ► 15

16 Educator expenses (see page 28). 16

17 IRA deduction (see page 28). 17

18 Student loan interest deduction (see page 31). 18

19 Tuition and fees deduction (see page 32). 19

20 Add lines 16 through 19. These are your **total adjustments**. 2021 Subtract line 20 from line 15. This is your **adjusted gross income**. ► 21

Tax, credits, and payments Standard Deduction for— <ul style="list-style-type: none"> • People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32. • All others: Single or Married filing separately, \$5,000 Married filing jointly or Qualifying widow(er), \$10,000 Head of household, \$7,300 <div style="border: 1px solid black; padding: 5px; width: fit-content;"> If you have a qualifying child, attach Schedule EIC. </div>	22 Enter the amount from line 21 (adjusted gross income). 22
	23a Check { <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind } Total boxes if: { <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind } checked ► 23a <input type="checkbox"/>
	b If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ► 23b <input type="checkbox"/>
	24 Enter your standard deduction (see left margin). 24
	25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25
	26 If line 22 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 33. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d. 26
	27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income . ► 27
	28 Tax , including any alternative minimum tax (see page 34). 28
	29 Credit for child and dependent care expenses. Attach Schedule 2. 29
	30 Credit for the elderly or the disabled. Attach Schedule 3. 30
31 Education credits. Attach Form 8863. 31	
32 Retirement savings contributions credit. Attach Form 8880. 32	
33 Child tax credit (see page 38). Attach Form 8901 if required. 33	
34 Adoption credit. Attach Form 8839. 34	
35 Add lines 29 through 34. These are your total credits . 35	
36 Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-. 36	
37 Advance earned income credit payments from Form(s) W-2. 37	
38 Add lines 36 and 37. This is your total tax . ► 38	
39 Federal income tax withheld from Forms W-2 and 1099. 39	
40 2005 estimated tax payments and amount applied from 2004 return. 40	
41a Earned income credit (EIC) . 41a	
b Nontaxable combat pay election. 41b	
42 Additional child tax credit. Attach Form 8812. 42	
43 Add lines 39, 40, 41a, and 42. These are your total payments . ► 43	
Refund Direct deposit? See page 53 and fill in 45b, 45c, and 45d.	44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid . 44
	45a Amount of line 44 you want refunded to you . ► 45a
	b Routing number <input style="width: 100px; border: 1px solid black;" type="text"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d Account number <input style="width: 100px; border: 1px solid black;" type="text"/>
	46 Amount of line 44 you want applied to your 2006 estimated tax . 46
Amount you owe Joint return? See page 18. Keep a copy for your records.	47 Amount you owe . Subtract line 43 from line 38. For details on how to pay, see page 54. ► 47
	48 Estimated tax penalty (see page 54). 48
Third party designee Sign here Joint return? See page 18. Keep a copy for your records.	Do you want to allow another person to discuss this return with the IRS (see page 55)? <input type="checkbox"/> Yes . Complete the following. <input type="checkbox"/> No Designee's name ► Phone no. ► () Personal identification number (PIN) ► <input style="width: 100px; border: 1px solid black;" type="text"/> Your signature Date Your occupation Daytime phone number () Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Daytime phone number ()
Paid preparer's use only	Preparer's signature ► Date Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code ► EIN : Phone no. ()